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Quarterly Newsletter of the Ethiopian Public Health Association., Vol. 17, No. 2, July, 2007

EPHA Updates and Upcoming Events

E PHA Updates

Leadership in Strategic Information (LSI) third module training was conducted on June 4-15, 2007 at Nazireth Palace Hotel. The training aims at providing skills necessary to make evidence-based decisions regarding HIV/AIDS epidemic. It focuses on analytic epidemiology and Epi info computer software training. Sixteen participants from five regions were involved in the training, namely Amhara, Dire Dewa, Harrari, Oromia, Tigray and from Addis Ababa, including a participant from mortality survey project.

The participants presented their analytic study protocol plan in group and discussions and comments were delivered for each of the group by their representative mentors. Finally, each group worked with their respective mentor to improve further their study protocol based on the comment forwarded during the presentation and then each group took their assignment for the field work. HIV/AIDS surveillance in module 4, and HIV/AIDS monitoring and evaluation in module 5 will be undertaken subsequently in the near future.



An intensive training on achieving the Millennium Development Goals (MDGs): concerning poverty reduction, reproductive health and health sector reform was conducted from April 10 to April 20, 2007, in Debrezeit in collaboration with the United Nations Population Fund (UNFPA) and the World Bank. A total of 36 participants attended in this 10-day intensive course.

Characteristically the participants are from Universities, Government and NGO sectors. The course is the second offering of the related core course, customized to address specific needs of Ethiopia. EPHA strives to react to the societal health needs through training of reproductive Health professionals, so that they will acquire utmost knowledge, develop skills and attitudes adequate to function as leaders in

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Becoming a member of the EPHA affords you the chance to contribute your share of expertise to the development of the health sector of the country, thereby also strengthening your belongingness to the important profession of public health!

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achieving the Millennium Development Goals: poverty reduction, reproductive health and health sector reform and strengthen inter-sectoral collaboration in the country. The goal of the course is generally to equip participants with the specific knowledge and tools needed in their work on reproductive health in countries where health reforms, sectoral programs and poverty-reduction strategies are being implemented.

EPHA finalized the preparation of the book entitled on **"The Evolution of Public Health in Ethiopia"** which is ready for distribution.

The Authors of the book are Dr. Yayehyirad Kitaw (MD, MPH), a winner of WHO Jacques Parisot Foundation Medal for Research in Social Medicine, Ato Gebre-Emmanuel Teka (M.Sc in Sanitary Science and public Health, Associate professor) and Ato Hailu Meche (B.Sc, MPH).

The book starts with an introduction, which gives the background "constants in all the periods" in which public health policy has evolved. Following this, it contains a general review of traditional medicine as the (subconscious) matrix in which the modern is embedded. Chapter three reviews the introduction of foreign medicine in Ethiopia, which was interrupted by the Italian Interlude. The next four chapters (5-8) covers the years from 1941 to 2002 and constitutes the core of the book. Each chapter deals with a distinct period in the evolution of Public health policy in Ethiopia.

18th EPHA Annual conference is going to be deliberated

It is to be remembered that EPHA's 17th annual conference of last year was held in Harer town and dwelt on the main theme of "Emerging Public Health Problems in Ethiopia"

The 18th annual conference of the Ethiopian Public Health Association is scheduled to be held from 9-11 October, 2007 in Addis Ababa, Hilton Hotel. This year's annual conference will be deliberated on the main theme

of ' Evolution of Public Health in Ethiopia through the millennium and beyond'.

The conference is also expected to discuss on sub-themes of Emerging public health problems with the emphasis of HIV/AIDS, Environmental hygiene in health care settings, Health extension program from the concept to implementation and DCH/AAU development to school of public health. Five panels are already scheduled to be convened. During the conference more than 50 scientific papers will be presented. Members of EPHA and as well as participants from others are expected to attend the annual event as usual.

First baby from lab-matured egg

By: Michelle Roberts

<http://news.bbc.co.uk/2/hi/health/6260940.stm>

The first baby created from an egg matured in the lab, frozen, thawed and then fertilized, has been born. Until now it was not known whether eggs obtained in this way could survive thawing to be fertilized. The advance spares women from taking risky fertility drugs that can cause a rare, yet deadly condition ovarian hyper-stimulation syndrome (OHSS). Canadian researchers told a fertility conference in Lyon three others were expecting babies by the same process.

The first baby, named Carine, now nearly a year old, is healthy and developing normally. The findings hold particular hope for patients with cancer-related fertility problems. Chemotherapy can cause infertility and, therefore, some women with cancer opt to have their eggs collected and frozen before they start their cancer treatment. But not all women will want or be able to delay having chemotherapy to undergo ovarian stimulation. For example, certain tumours, including some breast cancers, can grow if the woman takes drugs to stimulate the ovaries.

Early stages

Dr. Hananel Holzer and colleagues at the McGill Reproductive Center, Montreal, cautioned that their technique - in vitro maturation or IVM - had not yet been tried on women with cancer.

The women they studied had polycystic ovarian syndrome (PCOS) - a condition where the ovaries are covered in cysts which can impair fertility and which is linked with an increased risk of OHSS. Of 20 women, four achieved pregnancy with the technique. Dr. Holzer said: "Until now, it was not known whether oocytes collected from unstimulated ovaries, matured in vitro and then vitrified, could survive thawing, be fertilized successfully and result in a viable pregnancy after embryo transfer. "We have demonstrated for the first time that it is possible to do this and, so far, we have achieved four successful pregnancies, one of which has resulted in a live birth." He warned the research was still in its early stages. Moderate or severe ovarian hyper-stimulation syndrome can occur in 3-8% of IVF cycles.

Expand choices

Professor Robin Lovell-Badge, of the Medical Research Council's National Institute for Medical Research, said: "Each step in this work had been achieved before, but this is the first time they have been successfully strung together. "It is important as it will expand the choices available to women with diseases of the ovary or cancer and the clinicians treating them." Dr. Laurence Shaw, spokesman for the British Fertility Society, said: "These pregnancies are an exciting step. However, the pregnancy rate is very low and therefore large numbers of eggs would be needed." He stressed that it was a treatment suitable for people with fertility problems linked to conditions such as PCOS or cancer, and not for women who merely want to delay having a family.

Health in a changing climate

<http://www.reliefweb.int/rw/RWR.NSF/db900SID/LSGZ-73VDF5?>

The focus of World Environment Day this year is on the impact of climate change on the polar regions, their ecosystems and communities, and the consequences that will have for the world.

There is a close and complex relationship between health, health security and our changing environment. Limiting the impact of climate change is about saving lives and livelihoods, as much as it is about protecting the natural environment. More than 35,000 people died in the summer heat wave in Europe in 2003, while in 2005 Hurricane Katrina in the United States caused significant death and destruction.

It is estimated that 60,000 deaths from climate-related natural disasters occur every year, the majority of them in the developing world.

Even these dramatic numbers do not adequately reflect the potential indirect impact of climate change on health. Many of the most important global killers are highly sensitive to climatic conditions. Malaria, diarrhoea and malnutrition kill millions of people every year, most of them are children. Without effective action to mitigate and adapt climate change, the burden of these conditions will be greater, and they will be more difficult and more costly to control.

As the climate warms, icecaps and glaciers retreat and sea level rise. This threatens the health of those who live in coastal areas, or in cities where the only freshwater comes from predictable seasonal melting of glaciers. At the same time, rains become less predictable and evaporation increases, reducing the quality and quantity of drinking water, and eventually bringing drought. Together, these changes threaten the health of millions of people.

There are two things that we can and must do to respond to this challenge. First, we need to strengthen public health systems, which are the first line of defence against climate-related health risks. Second, we need to remember that prevention is just as important as cure. Health outcomes benefit both from reducing climate change and adapting to it. Many of the actions that are necessary to reduce our impact on the global climate can also reduce pollution and save lives.

Reducing our impact on the global climate requires individuals, communities and governments to make the behavior and policy changes - such as cleaner energy and more sustainable transport systems - that will also bring immediate health benefits. Together, we must act to reduce the impact of climate change, for healthy populations and a healthy planet.



Guest of this issue, Ewenat G/hanna (BSc, MPH)
RH Repositioning Program Coordinator, EPHA

Felege Tena: Recently, EPHA initiated to start Reproductive Health (RH) Repositioning Program in Ethiopia. Could you please tell us its essence, objectives and program components?

Ewenat: Ethiopia has already started to address inequities in health service delivery through Health Extension Program (HEP). This program aims to improve access to basic essential health services in severely under-served rural and remote communities, with the goal of achieving universal primary health care.

In line with this, EPHA initiated to start RH repositioning program targeting Health Extension Workers in July 2006, with the support of the David and Lucile Packard Foundation. It is a three year program working on the strengthening of the health extension program. EPHA is implementing the program in North and South Wello Zones of the Amhara region. The main objectives of the program are to improve RH/FP services to the population through strengthening Health Extension Program. The project focuses on increasing production & dissemination of evidence-based best practices on FP/RH, ensures sustainability of training, and leadership development in RH/FP and promotes RH/FP programs at different levels. Some of the activities are provision of refresher trainings for health extension workers, developing and producing IEC materials, newsletters, monitoring and evaluation and providing leadership trainings for professionals

working closely with the health extension workers.

Felege Tena: This program is implemented mainly in pilot areas of Amahara region. Does EPHA has a future plan to expand this program in other regions?

Ewenat: EPHA does not have any plan of expanding the program at this level. We hope that after the evaluation of the current program more donors will be interested and similar activities will be started in other zones and regions of the country.

Felege Tena: All of the health extension workers are females. Is there any reason behind of this? What problems do you think that females face in implementing such a program?

Ewenat: As we all know the health extension program is a community based program in which the health extension workers are expected to visit house to house during implementing the different packages. When the health extension workers make a home visit, most of the time they meet with mothers and children. Therefore, female health extension workers are more appropriate as they can understand the problem of fellow women in their area. Especially on issues like reproductive health and child health, having a female health extension worker will give mothers the comfort of discussing the issue frankly.

In my opinion, I don't think that female health extension workers would have significant problem of implementing the program. Female health extension workers might face geographical barriers when they are visiting house to house, which is difficult especially in remote villages. Through our project, we have interviewed samples of health extension workers in North and South wollo. Among the 16 interviewed health extension workers only few of them mentioned distance as a barrier and non of them have complained of facing a major problem.

Ewenat.Cont'd from page 4

Felege Tena: In your opinion, do you think that health extension program has such a significant contribution in achieving health related Millennium Development GOALS (MDGs), taking into account the volume and quality of health extension workers?

Ewenat: In my opinion, the program will have significant role in achieving health related MDGs. Women in Ethiopia are at a very high risk of death during pregnancy and delivery. The risk is higher among rural, poor and uneducated women. Infant and child mortality are equally high. High maternal and infant mortality are reflective of the low socio-economic status, including public health services and health-care infrastructure.

In areas where inadequacy of primary health care facilities, shortages of trained health workers, unreliable health care supplies, and weak health information system deploying Health Extension Workers (HEWs) who will provide basic curative and preventive health services for the community is very useful.

By 2009, the Ministry of Health has planned to train and deploy around 30,000 health extension workers in all villages of the country. With such huge volume we can access most of our population with basic health needs. But the health extension workers need to be supported so that they will give the appropriate service to the community. The support could be in terms of updating their knowledge or in terms of logistics.

Felege Tena: Is there any thing you would like to say?

Ewenat: I would like to forward my gratitude on behalf of EPHA to all the stakeholders who have been working with us on the "Repositioning Family Planning and Reproductive Health" program. Special thanks for the David and Lucile Packard Foundation who have funded the three year program and is continuously giving us technical support.

R **esearch Findings and Best Practices**

Assessment of Working Conditions of the First Batch of Health Extension Workers

Taken from Center for National Health Development in Ethiopia: The Earth Institute at Columbia University, Addis Ababa Ethiopia, 2006

Recognizing the urgency of dealing with the Human Resource for Health (HRH) problem in the country and the constraints in the training of high level health professionals, the Ethiopian government has launched a new program for 'Accelerated Expansion of Primary Health Care Coverage' with the health extension program (HEP) as its centerpiece. The main objective of HEP is to improve access and equity to preventive essential health interventions provided at village and household levels with focus on sustained preventive health actions and increased health awareness. It also serves as effective mechanism for shifting health care resources from being dominantly urban to the rural areas where the majority of the country's population resides. Therefore, HEP is considered as the most important institutional framework for achieving the MDGs.

The government has now trained 2,612 and 7,000 HEWs in 2005 and 2006 respectively and assigned them to about 5000 Health Posts (villages). Working conditions are important in terms of creating the conditions for effective and efficient work, boosting morale of the workforce, reducing turnover and attrition. The importance of community-based health workers has been well recognized but promising starts have often foundered on working condition issues.

Research Findings.....*Cont'd from page 5*

This study focuses on those deployed in early 2005 and have worked for over six months, with the overall objective of assessing the working conditions of HEW and their job satisfaction. An in-depth field study was carried out on 60 HEW in 51 health posts (HP) from six regions, 23 zones and 26 woredas. The need for community-based health workers is well established. Placing HEW at community level is a commendable undertaking but fulfilling favorable working conditions is an important challenge which is compounded by long distances and poor transportation and communication facilities. There are challenges in harmonizing the staffing pattern at the HP level, guiding time-use, work schedule and relationship with the community (leadership). There are no clear guidelines on relationship with other health workers at the community level, on career structure, transfer, leave absences etc. Reporting and health management information system in general is weak and the referral system is almost inexistent. An important challenge is the request for curative care by the communities. Based on these findings, it is recommended to:

- ◆ Avoid repeated shortage/lack of equipment and supplies; build commensurate capacity in equipment maintenance and repair capabilities in the sector; ensure adequate availability and sound management of basic supplies, drugs and vaccines in anticipation of the greater demand of servicing over 15,000 HP; and initiate studies on appropriate and sustainable transport and communication facilities for HEW;
- ◆ HPs should develop work plans as much as possible in consultation with major stakeholders; and establish mechanisms for regular reporting, feedback and sharing the report with the community;
- ◆ The capacity of the woreda health office (WHO) need to be strengthened in a way that HEP focal persons as well as other technical staff of the WHO have adequate understanding of the program and capability to provide supportive su-

pervision;

- ◆ The Health Extension Program (HEP) should be the concern of the whole Woreda Health Office. The importance of active participation of the community in its own development should be prioritized. There should be a guideline on the major principles of the relationships between HEW and other community based health workers including traditional practitioners. Operational research should be undertaken to strengthen supervision practices;
- ◆ Ensure adequate time and attention to knowledge and skill development in health education (HE) during training; reference materials, upgrading, new and improved approaches and technologies should be introduced through more flexible formats (Continuing education, Newsletters, leaflets...); explore the possibility of preparing a newsletter dedicated to HEW;
- ◆ Demand for curative care is an important challenge to HEP. Graduated inclusion of selected procedures with the appropriate (in-service) training through HEW and intensive health education to the population on appropriate drug/injection use seems the most likely avenue. In delivery services, measures should be taken to increase the confidence level of both HEW and the community on the delivery skills of the HEW; and increase the awareness and service seeking behavior of the population. Prepare formats for referral with inbuilt mechanism for feedback; orient and continuously sensitize the relevant staff on referral;
- ◆ Housing should be provided in or very close to the HP compound by all kebeles. Availability of safe water supply and toilet facilities (pit latrine) in or near HEW residence should be the priority of priorities. The possibility of providing HEW with a small credit for installation (acquiring essential commodities) should be explored.

Sanitation 'Best Medical Advance'

<http://news.bbc.co.uk/2/hi/health/6275001.stm>

The development of sanitation has been the greatest medical advance in the last 166 years, according to a vote of more than 11,000 people worldwide. Sanitation received 15.8% of the votes, beating other advances including the discovery of antibiotics and the development of vaccines. Inadequate sanitation remains a problem in the developing world, contributing to millions of deaths. The contest was run by the British Medical Journal. Leading doctors and scientists were chosen to champion each of the breakthroughs and included Professor Carl Djerassi, who created the Pill, and Dr Stephanie Snow, a descendant of John Snow, who discovered anesthesia in the 1800s.

Professor Johan Mackenbach of Erasmus University Medical Centre, Rotterdam, the Netherlands, championed sanitation. He said: "I'm delighted that sanitation is recognized by so many people as such an important milestone. "The general lesson which still holds is that passive protection against health hazards is often the best way to improve population health." The original champions of the sanitary revolution were John Snow, who showed that cholera was spread by water, and Edwin Chadwick, who came up with the idea of sewage disposal and piping water into homes. During the mid-19th century cholera epidemic, John Snow showed that shutting off a particular pump in London stopped the spread of cholera in that area. Edwin Chadwick came up with the idea of sewers and piped drinking water linked to people's living accommodation, to cut the risk of infection from poor urban drainage. His ideas were eventually accepted and between 1901 and 1970, deaths from diarrhea and dysentery fell by around 12% in the Netherlands and England and Wales.

However, Professor Mackenbach said: "Inadequate sanitation is still a major problem in the developing world. "In 2001, unsafe water, sanitation and hygiene accounted for over 1.5 million deaths from diarrhoeal disease in low and middle-income countries. "Clearly, sanitation still plays a

vital role in improving public health now and in the future." Dr. Fiona Godlee, BMJ Editor said: "The response to our poll has been overwhelming, it is deeply heartening to see science and medicines provoke such passion and debate. She said selecting just one winner was "always going to be difficult," and before the contest said: "Any of these milestones would make a deserving winner-they have all made an enormous contribution to society and made a difference to millions of lives."

Vaccines

<http://news.bbc.co.uk/2/hi/health/6233907.stm>

The British Medical Journal is launching a competition to decide the greatest medical breakthrough. Present-day medical experts are championing discoveries from the last 166 years. Michael Worboys, director of the Centre for the History of Science, Technology and Medicine and Wellcomed Unit for the History of Medicine, University of Manchester is backing vaccines.

Edward Jenner, a country doctor from Gloucestershire was the first to develop what could be called a vaccine. He noticed that milkmaids who had suffered from cowpox, also known as vaccinia, were also immune to smallpox, which could be deadly. He carried out a small study where he inoculated people with small amounts of cowpox - and called it a "vaccine". But it was Louis Pasteur's development of what he dubbed a vaccine against rabies in 1885-which contained a treated live virus - which grabbed global attention. He successfully treated two children who had been badly bitten by rabid dogs-which would have previously meant certain death. His work led to the development of vaccines using inactivated micro-organisms against major killers such as cholera, typhoid fever and the plague.

In the 20th century a raft of vaccines, including those for diphtheria, whooping cough, measles, and rubella were developed and given on a mass scale. In this century, scientists are hoping to develop vaccines against common infections such as staphylococci and pneumococci as well as malaria, HIV and severe acute respiratory syndrome (SARS). Dr. Worboys said vaccines should win the medical milestone award because: "Vaccines have saved hundreds of millions of lives and spared generations the suffering and long term consequences of infections."



Obituary

Prof. Seyoum Gebre Selassie 1936-2007

It is with profound sadness that we here report the death of Professor Seyoum Gebre Selassie, who has been a highly dedicated professional in Sociology and Social Work and an active member of the Ethiopian Public Health Association (EPHA) for several years. EPHA takes this opportunity to express its grief and sorrow over the loss of Professor Seyoum, a loss indeed, to all who knew him in person, to his colleagues, and to his family as well as to the profession in public health in all over the country. Below is a brief autobiography of Professor Seyoum Gebre Selassie.

Born in June 1936, Prof. Seyoum obtained his BA from University College of Addis Ababa in 1959. He got his M.A in Social Service Administration from Tata Institute of Social Science, Bombay, India in 1961. He had also M.A in Sociology from University of Michigan, Ann Arbor in 1975. Prof. Seyoum finalized his PHD in Sociology and Social Work from University of Michigan, Ann Arbor in 1976.

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Over the course of his professional life, Prof. Seyoum appointed as an assistant Director of Awassa Community Development Training and Demonstration Center in Ethiopia from 1961-1964 and Director of the center from 1964-1967. He became Assistant professor of Social Work in Haile Selassie 1st University (HSIU) from 1967-1969 and assistant professor and Dean from 1968-1969. Prof. Seyoum served as a Dean for School of Social Work in HSIU from 1969-72 and as a Dean and Director from 1970-72 for Ethiopian University Service (EUS). In his stay in Addis Ababa University, he was appointed as registrar from 1980-81, Chairman in the Department of Sociology from 1982-83 and Dean for the Collage of Social Science from 1983-86. Prof. Seyoum had also worked out of his country as a program Associate of Sociology at Wisconsin Milwaukee University in 1976. He was also appointed as a visiting scholar for the Department of Population Planning and International Health, School of Public Health at Michigan University in 1991.

Prof. Seyoum involved in both national and international organizations as a member and holding different responsibilities like as a secretary general for Ethiopian council on social welfare, Chairman for Family Guidance Association of Ethiopia and founding president of the association for Social Work Education in Africa. He also served as a consultant in different organizations like the European Commission for Africa (ECA), Organization of African Union (OAU), International Labor Organization (ILO), United Nation for Population Activities (UNFPA), Save the children USA and he was a deputy chairman of the national task force for drafting the national population policy of Ethiopia.

Prof. Seyoum had more than 15 publications. Some of these include 'New approach for meeting manpower needs for social welfare in Ethiopia', 'Patterns of women's employment in Africa', 'Problems of women's employment in Ethiopia', 'Unemployment problems facing the African youth', 'Economic, social and demographic correlates to environmental security in the horn of Africa', Fertility and family planning in Ethiopia', 'Social structure and fertility in Addis Ababa', and etc.

We extend our deepest condolences to his family and all those affected by the sudden loss of our dear friend and member of EPHA.

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